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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,446	02/15/2002	Steven M. Ruben	1488.03600pQ/EKS/PAJ	8759

TITLE OF INVENTION: KERATINOCYTE GROWTH FACTOR-2

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330- \$1370.0	\$300	\$1630 - 11/24/2004 \$1670.00	
EXAMINER SAOUD, CHRISTINE J		ART UNIT	CLASS-SUBCLASS		·
		1647	530-399000		
FR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i	or more recent) attached. Use O RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion	Correspondence tion form of a Customer E PRINTED ON THE PA clow, no assignee data w of this form is NOT a sub	for printing on the patent front page, the names of up to 3 registered pate igents OR, alternatively, the name of a single firm (having as stered attorney or agent) and the naingistered patent attorneys or agents. It is is in the printed. ATENT (print or type) ill appear on the patent. If an assignitute for filing an assignment. IDENCE: (CITY and STATE OR COOCKVIILE, MD	a member a mes of up to f no name is 3	enome Sciences,
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